

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000014530

FILED
Feb 26, 2003
Secretary of State

Entity Name: DORAL ISLES, L.L.C.

Current Principal Place of Business:

ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202 US

Current Mailing Address:

ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

1805 COPELAND STREET
SUITE 200
JACKSONVILLE, FL 32204 US

New Mailing Address:

1805 COPELAND STREET
SUITE 200
JACKSONVILLE, FL 32204 US

FEI Number: 59-3682747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURFACE, J. FRANK JR.
ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SURFACE, J. FRANK JR.
1805 COPELAND STREET
SUITE 2000
JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J. FRANK SURFACE, JR.

02/26/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MORTGAGE ADVISORS, I, NC.
Address: ONE INDEPENDENT DRIVE, SUITE 2210
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORTGAGE ADVISORS, I, NC.
Address: 1805 COPELAND STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. FRANK SURFACE, JR.

MGR

02/26/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date